FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351297	
<015>	Study Area Name	HEART OF IOWA COMM,	
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Bryan Amundson	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6414862211 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	executive heartofiowa.coop	THE RESERVE
ANNUA	AL REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completic Required Required
<100>	Service Quality Improvement Reporting	(complete attached wo	(check box when complete)
	Outage Reporting (voice)	(complete attoched wo	
210>		o outages to report	/ /
<300>	Unfulfilled Service Requests (voice)		A 1888
			Therese
<310>	Detail on Attempts (voice)		(attach descriptive document)
-270	Unfulfilled Service Requests (broadband)		
<320>	Unfulfilled Service Requests (broadband)		
<330>	Detail on Attempts (broadband)		(attach descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0		1
<420> <430>	Mobile [0.0] Number of Complaints per 1,000 customers (broad)	hand)	
<440>	Fixed 0.0	3010	1
<450>	Mobile 0.0	de C	
500>	Service Quality Standards & Consumer Protection R 351297ia510.pdf	ules Compliance (check to indicate cert	ification)
<510>	ALL STREET, ST	China Carlo Marrian	
310>		(attached descriptiv	e document)
600>	Functionality in Emergency Situations	(check to indicate cert	(Rention)
.000	351297ia610.pdf	Energia indicate certa	greatery
		(attached descriptive do	ocument) /
610>			
700>	Company Price Offerings (voice)	(complete attached wa	sekebuari /
	Company Price Offerings (broadband)	(complete attached wa	0.575
<800>	Operating Companies and Affiliates	(complete attached wa	
	Tribal Land Offerings (Y/N)?	(if yes, complete attached wa	orksheet)
1000>	Voice Services Rate Comparability 351297ia1010.pdf	(check to indicate cert)	ification)
:1010>		fattach descriptive do	cument)
1100	Torrectrial Backbaul (V/NI)		Thomas are a
	Terrestrial Backhaul (Y/N)?	(if not, check to indicate cert	(greation)
1110>	Terms and Condition for Lifeline Customers	(complete attached wa (complete attached wa	The No. No. No. No. No.
	Price Cap Carriers, Proceed to Price Cap Additional		IN MARKET.
1	Including Rate-of-Return Carriers affiliated with Pri	ice Cap Local Exchange Carriers	
2000>		(check to indicate certif	
	Rate of Return Carriers, Proceed to ROR Additional		ARTISEV
3000>		(check to indicate certif	fication)

								19	VIDIC VIDIC	OMB Control No. 3060-1 July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	o. 3060-0819
<010>	Study Area Code	ode				351297						
<015>	Study Area Name	ame				HEART OF IOWA COMM.	VA COMM.					
<020>	Program Year					2015						
<030>	Contact Nam	Contact Name - Person USAC should contact regarding this data	should contac	t regarding this	s data	Bryan Amundson	nos					
<032>	Contact Telep	Contact Telephone Number - Number of person identified in data line <030>	Number of pe	rson identified	in data line <0		ext,					
<039>	Contact Emai	Contact Email Address - Email Address of person identified in data line <030>	Address of pe	erson identified	l in data line <		executive@heartofiowa.coop					
<220>	<a><	 4p1>	<	<	<	CD>	<0>>	\$	(6)	\$	\$	ŧ
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

Page 3

HIRART OF TONG CONTEST CREEK OF TONG CONE. 2015	HEART OF YORK CONTRACT REGISTED TO THE COOK. 1015 1015 1015 1015 1015 1015 1015 1015 1016 1016 1016 1016 1016 1016 1016 1016 1016 1016 1016 1016 1017 1018 10	(800) Operating Companies		100 0000
Study Area Code Study Area Manne Program Year Program Year Contact Name – Person USAG should contact regarding this data Contact Telephone Number of Denos identified in data line 4030 Contact Telephone Number of Soon identified in data line 4030 Reporting Company Calls Affiliates Affiliates Calls —— See attached Worksheet —	Study Area Code Study Area Manne Program Year Program Year Contact Manne - Person USAG should contact regarding this data Contact Manner - Person USAG should contact regarding this data Contact Telephone Number of Mumber of person identified in data line 4030 Reporting Company Cals Affiliates Affiliates See attached Worksheet - See attached Worksheet See attached Worksheet -	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Name Purporal Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number of person identified in data line 4330- Contact Telephone Number of person identified in data line 4330- Contact Telephone Number of person identified in data line 4330- Contact Telephone Number of person identified in data line 4330- Reporting Company Contact Telephone Number of Jowa Commutcact one Cooperactive Holding Company Contact Telephone Number of Jowa Commutcact one Cooperactive Holding Company Contact Telephone Number of Jowa Commutcact one Cooperactive Affiliates Contact Telephone Number of person identified in data line 4330- Affiliates See attrached Worksheet	Study Area Name Program Year Contact Telephone Number of person identified in data line 4330- Reporting Company Cata Company Cata Affiliates See attached Worksheet Contact Telephone Number of person identified in data line 4330- Reporting Company Cata Affiliates See attached Worksheet Contact Telephone Number of person identified in data line 4330- Affiliates See attached Worksheet Cata Cata Affiliates See attached Worksheet Cata	Study Area Code		
Program Vear Contact Name - Person USAC should contact regarding this data Contact Telephone Number or person identified in data line - 0305 Reporting Carrier Reporting Company Calls Affillates See attached worksheet	Program Vear Contact Name - Person USAC should contact regarding this data Contact Telephone Number or Derson identified in data line -0330, Reporting Carrier Reporting Company Collaborate Carrier Reding Company Collaborate Carrier Affiliates Collaborate Carrier Reding Company Collaborate Carrier Affiliates Collaborate Carrier Reding Company Collaborate Carrier Affiliates Collaborate Carrier Affiliates Collaborate Carrier Collaborate Carrier Reding Company Collaborate Carrier Collabora	Study Area Name	AIWOS	
Contact Name - Person USAC should contact regarding this data in exact. Contact Telephone Number - O person identified in data line c330	Contact Name - Person USAC should contact regarding this data in contact Name of person identified in data line colds contact Telephone Number of person identified in data line colds executive heart of some Commit cations Cooperative Holding Company Cal> Affiliates See attached worksheet	Program Year		
Contact Email Address of person identified in data line 4030> executive sheat of 500 execut	Contact Fuell Address of person identified in data line 4030> executive sheat of 5092 executive sheat	Contact Name - Person USAC should contact regarding this data	R	
Contact Email Address of person identified in data line -030> executive-ineatrofilows, coop Reporting Cornier React of Iowa Commutations Cooperative Holding Company Cal> Affiliates SaC See attrached worksheet	Contact Email Address of person identified in data line -030> executive-inearcotione, coop Reporting Cornier Reporting Company Cal> Affiliates See attached worksheet	Contact Telephone Number - Number of person identified in data line <030>	£,	
Reporting Company Operating Company Operating Company See attrached worksheet	Reporting Company Operating Company Affiliates See attrached worksheet	Contact Email Address - Email Address of person identified in data line <030>	artofiowa.coop	
Holding Company Cal> Affiliates SAC See attfached worksheet	Holding Company Cal> Affiliates Sac See attached worksheet	Reporting Carrier		
Caty Affiliates Affiliates SAC See attrached worksheet	Caty Affiliates Sac See attfached worksheet			
Affiliates sAC Affiliates See attached worksheet	Affiliates sAc See attrached worksheet			
See attached worksheet	See attached worksheet		<92>	<a3></a3>
See attached worksheet	See attached worksheet			YOU.
See attached worksheet	See attached worksheet			
		See aft	sched worksheet	

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Substance of Natural Commerce of Milliotech with Price Cop Local Exchange Corners 1913793	Jata Co	(2000) Price Cap Carrier Additional Documentation Data Collection Form	FCC Form 481 OMR Control No. 3060-0086/QMB Control No. 3060-0086/QMB Control No.
Standy Area Code Standy Area Standy Code Standy Area Code Standy Area Standy Area Standy Standy Area Code Standy Area Standy Area Standy Standy Area Standy Code Standy Standy Code	ncludin	g Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
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Accounted Name - Person USAC Should contract regarding this data 8729m Accounted Name - Person USAC Should contract regarding this data 8729m Accounted Name - Person USAC Should contract regarding this data 8729m Accounted Name - Name of person Identified in data line 4339> 44.44812211 acc.	<015>		HEART OF IOWA COMM.
All 2009 Control Cinnal Address - Family Address of person identified in death line 4030 Second Control Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address - Family Address of person identified in death line 4030 Second Cinnal Address of Second Cinnal Addres	<020>		
Contact Teleglone Number of person identified in data line -GISD executive heart of telegrone. GRECk the boxes below to note compliance as a recipient of incremental Connect America Phase II support, from which the commental Connect America Phase I support to note compliance as a recipient of incremental Connect America Phase I support to note compliance as a recipient of incremental Connect America Phase I support to note compliance as a recipient of incremental Connect America Phase I support (and the support Certification of ACTR § 54.313(b)). And Year Certification (47 CPR § 54.313(c)). And Year Certificat	<030>		Bryan Amindsen
CONTECT Email Address of person identified in data line 4330 persons identified in data line 4330 persons to contact Email Address compared to the form and the foot support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase I support to note compliance as a recipient of incremental Connect America Phase I support in recommendation (AT CRS § 54.313(b)). And Vest Certification	<032>	100	6414862211.ext.
CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, to disert access charge reductions, and Connect America Phase I support, frozen High Cost support to disert access charge reductions, and Connect America Phase I support Cardification (47 CRS § 54.333(b), (5), (6) the information reported on this form and in the documents attached below is accurate. COLDS And Service fraction (47 CRS § 54.333(b), (5) the information reported on this form and in the documents attached below is accurate. COLDS And Certification (47 CRS § 54.333(b), (5) the information reported on this form and in the documents attached below is accurate. COLDS And Certification (47 CRS § 54.333(b), (6) the information reported on this form and in the documents attached below is accurate. COLDS AND STORES inspect (47 CRS § 54.333(d)) COLDS And Stores Support Certification COLDS And Stores Support Stores Support Stores S	<039>		executive"heartofiowa.coop
CHECK the bases below to note compilatore as a recipient of incremental Connect America Phase I support, frozan High Cost support, High Cost support to officer access charge reductions, and Connect America Phase I support as set forth in 47 CRR § 54.333(b),(c),(d),(d) the information reported on this form and in the documents attached below is accurate. 2010			
Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(2)) 3rd Year Certification (47 CFR § 54.313(b)(2)) Price Cap Carrier Receiving Frozen Support Certification 2013 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification 5th year Broadband Service Certification Floases Check the box to confirm that the attached document(s), on line 2021, contains the required inf pleases conducting anchor institutions to which began providing access to broadband service in therim Progress Community Anchor Institutions Interim Progress Community Anchor Institutions	CHECK	the boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(l	a Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II the information reported on this form and in the documents attached below is accurate.
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2015 Frozen Support Certification 2015 Frozen Support Certification 2015 and future Frozen Support Certification 2016 and future Frozen Support Certification 3rd year Broadband Service Certification 5rd year Broadband Service Certification Interim Progress Certification Interim Progress Certification Please otherk the box to confirm that the attached document(s), on line 2021, contains the required informant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	<2010>	Increm	
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2015 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support (47 CFR § 54.313(a)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(a)) 3rd year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information to \$5.4,313 (a)(a)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	271075		
2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support (47 CFR § 54.313(4)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(4)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required inf pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the required information Progress Community Anchor Institutions	<2012>		
2015 Frozen Support Certification 2016 and future Frozen Support Certification 2016 and future Frozen Support Certification 2016 and future Frozen Support Certification Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required inf pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the proceeding calendar year. Interim Progress Community Anchor Institutions	<2013>		
2016 and future Frozen Support Certification Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(4)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(a)) 3rd year Broadband Service Certification Sth year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required infortsuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	<2014>		
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(a)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Interim Progress Certification Please check the box to confirm that the attached document(s) on line 2021, contains the required inf pursuant to § 54.313 (a)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	<2015>		
Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required infoursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	<2016>		
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Sth year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required inf pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	<2017>		
Please check the box to confirm that the attached document(s), on line 2021, contains the required inf pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in t preceding calendar year. Interim Progress Community Anchor Institutions	<2018>		
Interim Progress Community Anchor Institutions	<2020>		e 2021, contains the required information hall provide the number, names, and access to broadband service in the
Interim Progress Community Anchor Institutions			
Marries of Astronomy of States and States of S	<2021>		
Married of Managed December 1551.			
waine or Attached Document Listing Keduired Information			Name of Attached Document Listing Required Information

ata Col	Data Collection Form	OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
		PEAS JIM
<010>	Study Area Code	351297
<015	Study Area Name	HEART OF IOWA COMM.
<030>	Contact Name - Person USAC should contact regarding this data	2015 Bryan Amundson
<039>	Contact Leiephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	6414862211 EXT. GOOD GXECUTIVE THE STORY OF
FCK	the Boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54,202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54,313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on S Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	
(3011)	Name of Attached Document Listing Required in Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(fi), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information 3012 contains the required information pursuant to resses of community anchor institutions to which began
012)	(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3013)	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No) (Yes/No)
(3015)	check these boxes to confirm that the attached document(s), on line 3017, contain Electronic copy of their annual RUS reports (Operating Report for Telecommications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cach Flowers	s the required information pursuant to § 54.313(t)(2) or
(3017)		351297ia3017.pdf
(3018)		Name of Attached Document Listing Required Information (Ves/No)
(3019)	If the response is yes on line 3018, please check the toxes below to confirm your submission, on line 3026 pursuant to § 54.313ff)(2), contains confirm your submission, on line 3026 pursuant to § 54.313ff)(2), contains Éither a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	format comparable to RUS Operating Report for Telecommunications.
(3020)	Document(s) for Balance Sheel, Income Statement and Statement of Cash Flows	ash Flows
(3021)	Management letter issued by the independent certified public accountant. that performed the company's financial audit. If the response is no on line 30.18, please check the boxes below to confirm your submission, on line 30.26 pursuant to § 54.33.3 (ff)(2), contains:	t performed the company's financial audit.
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telacommunications.	
(3023) (3024) (3025)	Decembers, formation subjected to a review by an independent certified budding information subjected to an officer certification. Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	ash Flows
(3026)	Attach the worksheet listing required information	
		Money Control of the

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM_
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.copp

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: HEART OF IOWA COMM.

Signature of Authorized Officer: CERTIFIED CULINE

06/26/2014 Date

Printed name of Authorized Officer: Bryan Amundson

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 6414862211 ext.

Study Area Code of Reporting Carrier:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Due Date for this form: 07/01/2014

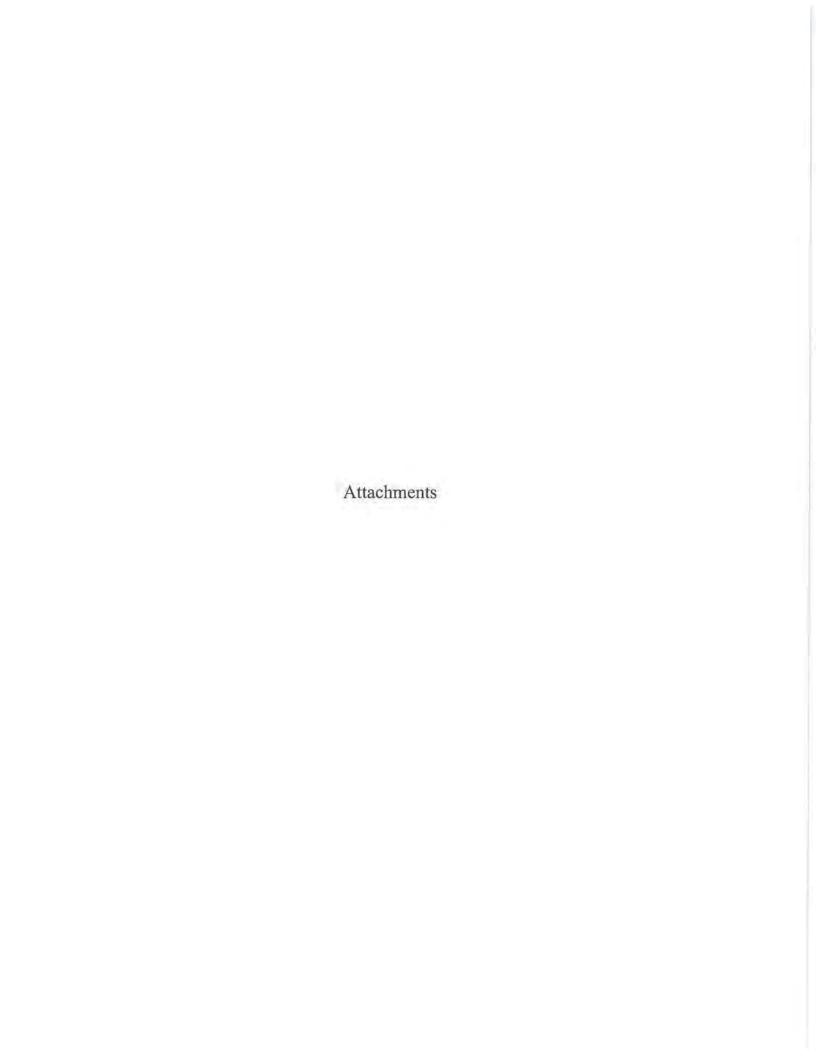
	tion - Agent / Carrier lection Form		FCC Form 481 OM8 Control No. 3060-0986/OMP Control No. 3060-0819 July 2013
<010>	Study Area Code	351297	
<015>	Study Area Name	HEART OF IOWA COMM.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.	
×039>	Contact Email Address - Email Address of person identified in data line (030)	and more described and of the sec	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports ar	Is authorized to submit the information reported on behalf of the reporting carrier, ny responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized d data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
[] 경기 (1) 이렇게 되어가 [하는데 [] 하기 (기트리션의 [] [] [] [[기 [] [] [] [] [] [기 [] [기 [] 기 [] [] [] [] [] [] [] [] [] [] [기 [] [] [] [] [] [] [] [] [] [] [] [] []	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	있는 것 되었다. 지난 회사에 있는 것 같은 것 문화에 대한 경우는 것 같아. 소프트 전에 발매를 받았다. 나는 사이를 느라면 하는 것이 되는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



THIS SECTION REDACTED – FOR PUBLIC INSPECTION IN ITS ENTIRETY ATTACHMENT - LINE 112

Line 510 - Service Quality Standards & Consumer Protection Rules Compliance

CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative, being of lawful age and duly sworn, depose and state:

Heart of lowa Communications Cooperative, 351297, certify that all federal high-cost support provided to Heart of lowa Communications Cooperative within lowa was used in the preceding calendar year [2013] and will be used in the current calendar year [2014] and coming calendar year [2015] only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. In addition, Heart of lowa Communications

Cooperative certifies that it will comply with applicable service quality standards and consumer protection rules, certifies that it is able to maintain a minimum of two hours of backup power to ensure functionality without an external power source, certifies that it is offering a local usage plan comparable to that offered by the ILEC in the relevant service areas, and certifies that it acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible carrier is providing equal access within its ETC designated service area. As an eligible telecommunications carrier, Heart of lowa Communications

Cooperative agrees to provide timely responses to Board requests for information related to the status of local voice service markets or facilities.

I further state that I am authorized by Heart of Iowa Communications Cooperative to make this statement.

	/s/Bryan Amundson
	[authorized officer]
Subscribed and sworn to before me this 2	0 day of <u>June</u> , 2014
	/s/Jenny Pekarek
N	otary Public

CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative, being of lawful age and duly sworn, depose and state:

Heart of lowa Communications Cooperative, 351297, certify that all federal high-cost support provided to Heart of lowa Communications Cooperative within lowa was used in the preceding calendar year [2013] and will be used in the current calendar year [2014] and coming calendar year [2015] only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. In addition, Heart of lowa Communications

Cooperative certifies that it will comply with applicable service quality standards and consumer protection rules, certifies that it is able to maintain a minimum of two hours of backup power to ensure functionality without an external power source, certifies that it is offering a local usage plan comparable to that offered by the ILEC in the relevant service areas, and certifies that it acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible carrier is providing equal access within its ETC designated service area. As an eligible telecommunications carrier, Heart of lowa Communications

Cooperative agrees to provide timely responses to Board requests for information related to the status of local voice service markets or facilities.

I further state that I am authorized by Heart of Iowa Communications Cooperative to make this statement.

	/s/Bryan Amundson
	[authorized officer]
Subscribed and sworn to before me this	day of
	/s/Jenny Pekarek
	Notary Public

7 200	
(10) Broadband Price Offerings	FCC Form 481
ata Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

COTOS	Stady Alea Code								
<015>	Study Area Name	Name			HEART OF IOWA	IOWA COMM.			
<020>	Program Year	ar			2015				
<030>	Contact Na.	Contact Name - Person USAC should contact regarding this data	ild contact regardin	g this data	Bryan Amundson	и			
	Contact Tel	Contact Telephone Number - Number of person identified in data line <030>	iber of person ident	fied in data line <030>	6414862211 ext	τ.			
<039>	Contact Em	Contact Email Address - Email Address of person identified in data lin	Iress of person iden	ified in data line <030>	executive@heartofiowa.ccop	rtofiova.ccop			
<711>	<81>	<92>	<01>	<92>	<0>	<q2>></q2>	<		<d4>></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Broadband Service Usal Download Speed - Upload Speed (Mbps) (GB) (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
-26	IA	Albion	49.95	0.0	49+95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Ferguson	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Green Mountain	36.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Haverhill	49.95	0.0	49.95	10.0	5,0	0.0	Other, No limit on usage allowance
-	IA	Laurel	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allewance
17	TA	Liscomb	49.95	0.0	49.95	10.0	0.01	0	Other, No limit on usage allowance
	IA	New Providence	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Union	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Conred	49.95	0.0	49.95	10.0	1.0	0.0	Other, No limit on usage allowance
	IA	Eldora	49.95	0.0	49.95	10.0	1.0	0.0	Other, No limit on usage allowance
	IA	Steambat Rock	49,95	0.0	49.95	10.0	1.0	0.0	Other, No limit on usage allowance
	IA	Albion	56.69	0.0	56.69	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Ferguson	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Green Mountain	69.95	0.0	59,95	20,0	10.0	0.0	Other, No limit on usage allowance
	IA	Haverhill	56.69	0.0	69.95	20,0	10.0	0.0	Other, No limit on usage allowance
	IA	Laurel	56.95	0.0	56.69	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Lignoup	56.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	New Providence	69,95	0.0	96.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Union	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on Usage allowance
	IA	Albion	39.95	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance
		The state of the same							

band Price Offerings	FCC Form 481.
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

COLOS	Study Area Name								
		INGILIE			HEART OF IOWA COMM	COMM.			
- 1	Program Year	ear			2015				
	Contact Na	Contact Name - Person USAC should contact regarding this data	uld contact regarding	this data	Bryan Amundson	n			
П.	Contact Tel	Contact Telephone Number - Number of person identified in data line	nber of person identi	fied in data line <030>	> 6414862211 ext.	ii.			
<039>	Contact Em	Contact Email Address - Email Address of person identified in data line	dress of person ident	ified in data line <030>	> executive@heartofiowa.coop	ctofiowa.coop			
<111>	<a1></a1>	<92>	401>	<62>	<0>>	<q2></q2>	<q3></q3>		<44>>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Broadband Service Usag Download Speed -Upload Speed (Mbps) (GB) (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	IA	Green Mountain	99.95	0.0	99.95	30.0	15,0	0.0	Other, No limit on usage allowance
	IA	Haverhill	39,95	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance
	IA	Laurel	56*66	0.0	39.95	30.0	15.0	0.0	Other, No limit on usage allowance
	IA	Liscomb	36.98	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance
	IA	New Providence	56+66	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance
	IA	Union	56.95	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance
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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3050-0819
	July 2013

ta Co	Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Shiriy Area Code	351297		
<015>		HEREN OF TOWN	COMM	
<020>		2015		
<030>	1.15	Bryan Amundson		
<032>	0.00	6414862211 ext.		
<039>		executive@heartoflowa.copp	tofiowa.coop	
100	<810> Reporting Carrier Heart of Iowa Communications Cooperative			
<811>	Holding Company			
12>	<812> Operating Company			
<813>	<a1></a1>		<92>	<93>
	Affiliates		SAC	Doing Business As Company or Brand Designation
	Heart of Iowa Ventures, LLC			
			C.	

Voice Services Rate Comparability

Heart of Iowa Communications Cooperative's retail monthly residential local service rate is \$22.50.

THIS SECTION REDACTED – FOR PUBLIC INSPECTION IN ITS ENTIRETY ATTACHMENT - LINE 3017